

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N45479	
1. Entity Name PURPLE HEART VETERANS OF FLORIDA, INC.	

Principal Place of Business 1905 KING ARTHUR CIRCLE MAITLAND FL 32751-5823 US	Mailing Address 1905 KING ARTHUR CIRCLE MAITLAND FL 32751-5823 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-3090999	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOWEN, DANA L II 1905 KING ARTHUR CIRCLE MAITLAND FL 32751-5823	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature is required when changing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOWEN, DANA L II 1905 KING ARTHUR CIRCLE MAITLAND FL 32751-5823 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRACKETT, MICHAEL 342 MAULDIN PLACE THE VILLAGES FL 32162 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, RONALD 36025 HILLBROOK AVE ZEPHYRHILLS FL 33541 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASKINS, J B 1414 SO CHATSWORTH PT LECANTO FL 34461 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DONALD C 1812 SO HOUSTON DR DELTONA FL 32738 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHBISH, DONALD 2601 SW 10TH ST APT 242 OCALA FL 34474 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000878700 04/14/08-80065-010 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dana L. II Gowen* **FEB 12 2008 407-425-6098**